

Move Form

For Office Use Only

Case Number: _____

Worker's Name

Phone Number

Regional Office

Before you move, please complete and return as soon as possible to prevent any delay in receiving your social assistance benefits. If you are renting, you must give your landlord one month written notice prior to vacating the premises. This means your landlord must be notified before you pay your final month's rent. You are responsible for any damages to the place you rent. You are also responsible for reporting your change of address to Saskatchewan Health.

Reason for Move: _____

Date: _____
YYYY/MM/DD

Name: _____
Surname, Given Name, Middle Name

Birthday: _____
YYYY/MM/DD

New Address: _____
Mailing Address City/Town Postal Code

If mailing address is a box number, please provide street address, legal land description or direction to your home.

New Phone Number: _____

Indicate a new shelter arrangement:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Board and Room | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Home paid for |
| <input type="checkbox"/> Room Rental
No cooking or
bathroom facilities | <input type="checkbox"/> Board and Room
With parents | <input type="checkbox"/> Other
ie: safe shelter, basic
allowance only | _____ |
| <input type="checkbox"/> Special Care Home | <input type="checkbox"/> Group Home | <input type="checkbox"/> Approved Home | <input type="checkbox"/> Personal Care Home |
| <input type="checkbox"/> Family Home
Non-approved | | | |
- How much do you pay per month? \$ _____

If you are paying for your shelter, please complete this section.

Name of landlord, agency mortgage holder or facility operator _____

Landlord's signature

Landlord's Phone Number

Does your new landlord require you to pay a security deposit? ☐ Yes ☐ No

If yes, amount \$ _____

Name and Address to whom the security deposit guarantee should be issued:

Office Use Only

If you rent or own your home, do adults other than you and your spouse live with you? ☐ Yes ☐ No

If yes, please complete the following:

Name of adult living with you	Relationship to you	Monthly amount they pay

Utilities

Please check the utilities in your or your spouse's name:

Provide invoices or statements from the utility provider

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Energy | <input type="checkbox"/> Water | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Water Heater Rental | <input type="checkbox"/> Heating Oil | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Other (describe) _____ | | |

Hook-up fees: Power \$ _____ Water \$ _____ Telephone \$ _____

Laundry: Do you pay to use laundry equipment or do you pay to have your laundry done? ☐ Yes ☐ No

Moving Costs: Must be approved in advance. Amount of moving costs: \$ _____

I state that the information given on this Move Form is true, correct and complete and that I have not withheld any information which may have an effect on my assistance benefits. I understand that I may be liable to criminal prosecution for withholding information or providing false or misleading information. I give permission to the Ministry of Social Services to verify any of the information on this form.

Signature of Client _____

Date: _____
YYYY/MM/DD

Signature of Trustee
if applicable _____

Date: _____
YYYY/MM/DD

Signature
If completed by someone other than the client. _____

Date: _____
YYYY/MM/DD

Witness
If signed by mark _____

Date: _____
YYYY/MM/DD